

TRANSMITTAL LETTER

AAA Name: _____

PSA Number: _____

Check appropriate box for:

☐ 2005-09 Area Plan ☐ FY 06-07 ☐ FY 07-08 ☐ FY 08-09

This Area Plan is hereby submitted to the California Department of Aging for approval. The Governing Board and the Advisory Council have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. The Governing Board, Advisory Council, and Area Agency Director actively support the planning and development of community-based systems of care and will assure compliance with the assurances set forth in this 2005-2009 Area Plan. The undersigned recognize the responsibility within each community to establish systems in order to address the care needs of older individuals and their families and caregivers in this planning and service area.

1. (Type Name) _____

Signed)¹ _____

Chair, Governing Board

Date

2. (Type Name) _____

(Signed) _____

Chair, Advisory Council

Date

3. (Type Name) _____

(Signed) _____

Director, Area Agency on Aging

Date

² For the e-mailed version of the Area Plan, type in name and signatures. Original signatures are required on posted Area Plan.